

SBSL-CAHC PLANNING GRANT APPLICATION CRITERIA SCORE SHEET

REQUIRED ELEMENTS – EACH PROPOSAL MUST INCLUDE THE FOLLOWING REQUIRED ELEMENTS.

PART A- APPLICATION COVER SHEET AND APPLICATION

- | | |
|---|--------------------|
| <input type="checkbox"/> Service Area Target Population Demographics Worksheet must be completed and included as an attachment for consideration of the proposal. | REQUIRED _____ (✓) |
| <input type="checkbox"/> Target Population Identified: Children Ages 5-10, Youth 10-21 or both | REQUIRED _____ (✓) |

PART B- ASSURANCES AND CERTIFICATIONS

- | | |
|--|--------------------|
| <input type="checkbox"/> Original signatures must be on page 1, 1a, and 1b on the application for state and specific program assurances and certifications. Rubber stamps and copies are unacceptable. | REQUIRED _____ (✓) |
|--|--------------------|

PART C- GRANT PROGRAM DETAILS

3. PRELIMINARY ASSESSMENT OF NEED/ASSETS OF YOUTH

- | | |
|---|--------------------|
| <input type="checkbox"/> Need Statement Worksheet must be <u>completed according to the instructions</u> and included as an attachment for consideration of the proposal. | REQUIRED _____ (✓) |
| <input type="checkbox"/> Data included in the Need Statement Worksheet must be referenced in narrative. | |

8. WORK PLAN

- | | |
|---|--------------------|
| <input type="checkbox"/> Activities to be conducted should be fully and clearly described for the period of April 1, 2005 through September 30, 2005. | REQUIRED _____ (✓) |
| <input type="checkbox"/> Workplan follows required format. | REQUIRED _____ (✓) |

11. LETTERS OF COMMITMENT AND 12. LETTERS OF NEED

- | | |
|---|--------------------|
| <input type="checkbox"/> Five or more <u>letters of commitment*</u> are required for consideration of the proposal; one must be from the <u>local health department</u> and one must be from <u>school superintendent or building principal</u> . | REQUIRED _____ (✓) |
| <input type="checkbox"/> Three or more <u>letters of need*</u> are required for consideration of the proposal; one must be from the local <u>multi-purpose collaborative body</u> . | REQUIRED _____ (✓) |
- *A single letter may fulfill both requirements for a letter of commitment and a letter of need.

13. FINANCIAL PLAN

- | | |
|---|--------------------|
| <input type="checkbox"/> A minimum local match of 30% is required and can be reached either through cash contributions or in-kind resources. | REQUIRED _____ (✓) |
| <input type="checkbox"/> A line item budget is provided for the funding period and includes both in-kind and hard match resources. | REQUIRED _____ (✓) |
| <input type="checkbox"/> Travel is budgeted for training (to Lansing in April/for three to five people) and for the NASBHC conference (to Rhode Island in June/two or more people). | REQUIRED _____ (✓) |

| PART C- GRANT PROGRAM DETAILS 3. PRELIMINARY ASSESSMENT OF NEEDS/ASSETS USE THE NEED STATEMENT WORKSHEET AND THE NARRATIVE TO RATE THIS SECTION | | | TOTAL 60 POINTS |
|---|--|---|----------------------------------|
| FULL POINTS | PARTIAL POINTS | NO POINTS | |
| <input type="checkbox"/> Provides <u>complete demographic data and narrative explanation, including year and source of data</u> , for <u>four</u> of the following Barriers to Access: (8 Points) ___ Geographic Barriers (distance to care) ___ Shortage of Primary Care Physicians ___ % Children 5-17 yrs. Living in Poverty ___ % Uninsured Individuals ___ % Children 0-18 yrs. with Medicaid <input type="checkbox"/> The data provided <u>clearly</u> supports a <u>strong need</u> for services in the area/population based on Barriers to Access of care. (17 Points) | <input type="checkbox"/> Provides <u>limited or incomplete demographic data or narrative explanation, or is missing year or source of data</u> , for <u>up to four</u> of the following Barriers to Access: (3 to 5 Points) ___ Geographic Barriers (distance to care) ___ Shortage of Primary Care Physicians ___ % Children 5-17 yrs. Living in Poverty ___ % Uninsured Individuals ___ % Children 0-18 yrs. with Medicaid <input type="checkbox"/> The data provided offers <u>limited</u> evidence of the need for services in the area/population based on Barriers to Access of care. (4 to 13 Points) | <input type="checkbox"/> Provides <u>little or no demographic data or narrative explanation, does not include year and source of data</u> , for <u>four</u> of the following Barriers to Access: (0 Points) ___ Geographic Barriers (distance to care) ___ Shortage of Primary Care Physicians ___ % Children 5-17 yrs. Living in Poverty ___ % Uninsured Individuals ___ % Children 0-18 yrs. with Medicaid <input type="checkbox"/> The data provided offers <u>little or no</u> evidence of the need for services in the area/population based on Barriers to Access of care. (0 Points) | _____ /25 |
| <input type="checkbox"/> Provides <u>complete demographic data and narrative explanation, including year and source of data</u> , for <u>ten</u> Health Disparity Factors identified in the Need Statement Worksheet. (10 Points) <input type="checkbox"/> The data provided <u>clearly</u> supports a <u>strong need</u> for services in the area/population based on Health Disparity Factors. (15 Points) | <input type="checkbox"/> Provides <u>limited or incomplete demographic data or narrative explanation, or is missing year or source of data</u> , for <u>up to ten</u> Health Disparity Factor identified in the Need Statement Worksheet. (3 to 7 Points) <input type="checkbox"/> The data provided offers <u>limited</u> evidence of the need for services in the area/population based on Health Disparity Factors. (4 to 12 Points) | <input type="checkbox"/> Provides <u>little or no demographic data or narrative explanation, does not include year and source of data</u> , for the Health Disparity Factors identified in the Need Statement Worksheet. (0 Points) <input type="checkbox"/> The data provided offers <u>little or no</u> evidence of the need for services in the area/population based on Health Disparity Factors. (0 Points) | _____ /25 |
| <input type="checkbox"/> Provides <u>clear</u> description of community resources available to meet needs and how a SBSL-CAHC would be integrated with and/or fill gaps in existing services. (8 Points) | <input type="checkbox"/> Provides <u>limited</u> description of community resources available to meet needs and how a SBSL-CAHC would be integrated with and/or fill gaps in existing services. (2 to 6 Points) | <input type="checkbox"/> Provides <u>little or no</u> description of community resources available to meet needs and how a SBSL-CAHC would be integrated with and/or fill gaps in existing services. (0 Points) | _____ / 8 |
| <input type="checkbox"/> Provides a <u>clear</u> map of the proposed service area as an attachment. (2 Points) | N/A | <input type="checkbox"/> <u>No</u> map is provided of the proposed service area in the attachments. (0 Points) | _____ / 2 |

COMMENTS from PRELIMINARY ASSESSMENT OF NEEDS/ASSETS (previous page):

**(Continued
from previous
page)**

_____ / 60

| PART C- GRANT PROGRAM DETAILS 5. STAFFING PLAN | | | TOTAL 10 POINTS |
|---|--|---|--|
| FULL POINTS | PARTIAL POINTS | NO POINTS | |
| <input type="checkbox"/> Provides a <u>complete</u> staffing plan including number of existing staff who will be assigned to the project as well as any additional staffing needs. (2 Points) <input type="checkbox"/> Includes <u>complete</u> job descriptions or vitas of the personnel who will play key roles in the coordination of the planning effort. (2 Points) <input type="checkbox"/> The necessary skills and qualifications are <u>appropriate</u> to the activities to be conducted. (3 Points) <input type="checkbox"/> Provides a <u>clear</u> description of how designated staff has sufficient authority, expertise and dedicated work time to carry out project activities. (3 Points) NOTE: At least one person must be designated as the program coordinator for the planning project. | <input type="checkbox"/> Provides a <u>limited</u> staffing plan including number of existing staff who will be assigned to the project as well as any additional staffing needs. (1 Point) <input type="checkbox"/> Includes <u>limited</u> job descriptions or vitas of the personnel who will play key roles in the coordination of the planning effort. (1 Point) <input type="checkbox"/> The necessary skills and qualifications are <u>somewhat appropriate</u> to the activities to be conducted. (1 Point) <input type="checkbox"/> Provides a <u>limited</u> description of how designated staff has sufficient authority, expertise and dedicated work time to carry out project activities. (1 Point) NOTE: At least one person must be designated as the program coordinator for the planning project. | <input type="checkbox"/> Provides <u>little or no</u> indication of the number of existing staff who will be assigned to the project or additional staffing needs. (0 Points) <input type="checkbox"/> Includes <u>little or no</u> job descriptions or vitas of the personnel who will play key roles in the coordination of the planning effort. (0 Points) <input type="checkbox"/> The necessary skills and qualifications are <u>not appropriate</u> to the activities to be conducted. (0 Points) <input type="checkbox"/> Provides <u>little or no</u> indication of how designated staff has sufficient authority, expertise and dedicated work time to carry out project activities. (0 Points) NOTE: At least one person must be designated as the program coordinator for the planning project. | _____ /10 |
| COMMENTS: | | | _____ / 10 |

| PART C- GRANT PROGRAM DETAILS | | | TOTAL 20 POINTS |
|--|--|--|--|
| 6. STRENGTH OF COMMUNITY ADVISORY COUNCIL | | | |
| FULL POINTS | PARTIAL POINTS | NO POINTS | |
| <input type="checkbox"/> Provides a <u>clear and comprehensive</u> description of the partners involved, or proposed, to be involved in the planning process <u>and</u> their experience working together to improve the health of children and youth in the service area. (10 Points) | <input type="checkbox"/> Provides a <u>limited</u> description of the partners involved, or proposed, to be involved in the planning process <u>and/or</u> their experience working together to improve the health of children and youth in the service area. (3 to 7 Points) | <input type="checkbox"/> Provides <u>little or no</u> description of the partners involved, or proposed, to be involved in the planning process <u>or</u> their experience working together to improve the health of children and youth in the service area. (0 Points) | _____ / 10 |
| <input type="checkbox"/> Provides a <u>clear</u> description of past or existing collaborative planning efforts in the community that could be coordinated with this planning effort, including a description of any planning activities related to the establishment of a school-based or school-linked health center. (5 Points) | <input type="checkbox"/> Provides a <u>limited</u> description of past or existing collaborative planning efforts in the community that could be coordinated with this planning effort, including a description of any planning activities related to the establishment of a school-based or school-linked health center. (1 to 3 Points) | <input type="checkbox"/> Provides <u>little or no</u> description of past or existing collaborative planning efforts in the community that could be coordinated with this planning effort, including a description of any planning activities related to the establishment of a school-based or school-linked health center. (0 Points) | _____ / 5 |
| <input type="checkbox"/> Provides a copy of the existing or potential advisory committee membership list that meets <u>all</u> minimum requirements in the attachments. (5 Points) _____ Administrators/staff from the school building in which services are proposed (<i>if school based</i>) _____ 2 School Health Program Reps _____ Medical Service Providers from the proposed provider agency _____ Parents _____ Youth of the target population (if an adolescent site is being proposed) _____ Local Public Health Department | <input type="checkbox"/> Provides a copy of the existing or potential advisory committee membership list that meets <u>some</u> of the minimum membership requirements in the attachments. (1 to 3 Points) _____ Administrators/staff from the school building in which services are proposed (<i>if school based</i>) _____ 2 School Health Program Reps _____ Medical Service Providers from the proposed provider agency _____ Parents _____ Youth of the target population (if an adolescent site is being proposed) _____ Local Public Health Department | <input type="checkbox"/> <u>No</u> copy of the existing or potential advisory committee membership list is provided in the attachments or list meets <u>none</u> of the minimum requirements. (0 Points) _____ Administrators/staff from the school building in which services are proposed (<i>if school based</i>) _____ 2 School Health Program Reps _____ Medical Service Providers from the proposed provider agency _____ Parents _____ Youth of the target population (if an adolescent site is being proposed) _____ Local Public Health Department | _____ / 5 (CONTINUED ON NEXT PAGE) |

COMMENTS from STRENGTH OF COMMUNITY ADVISORY COUNCIL (previous page):

(CONTINUED
FROM PREVIOUS
PAGE)

_____ / 20

| PART C- GRANT PROGRAM DETAILS 8. WORK PLAN (CONTINUED ON NEXT PAGE) | | | TOTAL 40 POINTS |
|--|----------------|-----------|----------------------------------|
| FULL POINTS | PARTIAL POINTS | NO POINTS | |

| | | | |
|--|---|---|--|
| <p><input type="checkbox"/> Provides a <u>clear and comprehensive</u> work plan that describes plans and activities for reaching, <u>at a minimum, each of the six required objectives</u>. (5 Points Maximum for Each Objective for Total of 30 Points Maximum)</p> <p>To receive the full points, <u>each</u> objective should include: 1) clear description of key activities to accomplish objectives, 2) relevant documented or quantifiable outcome, process or product for key activities, 3) source or method of documenting achievement of key activities and outcomes, 4) projected date of completion and 5) person responsible for completion.</p> <p>_____ By May 1, A Community Advisory Council will be formed or designated.</p> <p>_____ By June 30, a needs assessment of the target population will be completed.</p> <p>_____ By July 30, services to be offered in the SBSL-CAHC that are responsive to the MPRs and needs of the target population will be identified.</p> <p>_____ By August 15, school and sponsoring Agency approval and in-kind and other funding will be Documented.</p> <p>_____ By September 1, a location for the SBSL CAHC will be identified & secured.</p> <p>_____ By September 1, a plan of operation will be submitted to MDCH for approval.</p> <p>NOTE: If one or more objectives are <u>already met</u>, <u>a complete description</u> and <u>documentation or evidence</u> must be included.</p> | <p><input type="checkbox"/> Provides a <u>limited</u> work plan for reaching the <u>six required objectives</u> or claims completion of one or more objectives with insufficient documentation/evidence to support claim. (1 to 4 Points for Each Objective for Total of 24 Points Maximum)</p> <p>To receive the full points, <u>each</u> objective should include: 1) clear description of key activities to accomplish objectives, 2) relevant documented or quantifiable outcome, process or product for key activities, 3) source or method of documenting achievement of key activities and outcomes, 4) projected date of completion and 5) person responsible for completion.</p> <p>_____ By May 1, A Community Advisory Council will be formed or designated.</p> <p>_____ By June 30, a needs assessment of the target population will be completed.</p> <p>_____ By July 30, services to be offered in the SBSL-CAHC that are responsive to the MPRs and needs of the target population will be identified.</p> <p>_____ By August 15, school and sponsoring Agency approval and in-kind and other funding will be Documented.</p> <p>_____ By September 1, a location for the SBSL CAHC will be identified & secured.</p> <p>_____ By September 1, a plan of operation will be submitted to MDCH for approval.</p> <p>NOTE: If one or more objectives are <u>already met</u>, <u>a complete description</u> and <u>documentation or evidence</u> must be included.</p> | <p><input type="checkbox"/> Provides <u>little or no</u> work plan, missing significant information, does not include <u>six required objectives</u>, or claims completion of one or more objectives without sufficient documentation/evidence to support claim. (0 Points)</p> <p>To receive the full points, <u>each</u> objective should include: 1) clear description of key activities to accomplish objectives, 2) relevant documented or quantifiable outcome, process or product for key activities, 3) source or method of documenting achievement of key activities and outcomes, 4) projected date of completion and 5) person responsible for completion.</p> <p>_____ By May 1, A Community Advisory Council will be formed or designated.</p> <p>_____ By June 30, a needs assessment of the target population will be completed.</p> <p>_____ By July 30, services to be offered in the SBSL-CAHC that are responsive to the MPRs and needs of the target population will be identified.</p> <p>_____ By August 15, school and sponsoring Agency approval and in-kind and other funding will be Documented.</p> <p>_____ By September 1, a location for the SBSL CAHC will be identified & secured.</p> <p>_____ By September 1, a plan of operation will be submitted to MDCH for approval.</p> <p>NOTE: If one or more objectives are <u>already met</u>, <u>a complete description</u> and <u>documentation or evidence</u> must be included.</p> | <p>_____ / 30</p> <p>(CONTINUED ON NEXT PAGE)</p> |
|--|---|---|--|

| PART C- GRANT PROGRAM DETAILS 8. WORK PLAN (CONTINUED FROM PREVIOUS PAGE) | | | TOTAL 40 POINTS (CONTINUED FROM PREVIOUS PAGE) |
|--|---|---|---|
| FULL POINTS | PARTIAL POINTS | NO POINTS | |
| <input type="checkbox"/> The overall work plan activities are <u>relevant to the stated objectives</u> and will <u>likely</u> result in accomplishing the objectives in the timeline set forth in the planning period. (10 Points) | <input type="checkbox"/> The overall work plan activities are <u>somewhat relevant to the stated objectives</u> and <u>may</u> result in accomplishing the objectives in the timeline set forth in the planning period. (3 to 7 Points) | <input type="checkbox"/> The overall work plan activities are <u>not relevant to the stated objectives</u> and are <u>not likely to</u> result in accomplishing the objectives in the timeline set forth in the planning period. (0 Points) | _____ /10 |
| COMMENTS from WORK PLAN (previous page): | | | _____ / 40 |

| Part C- GRANT PROGRAM DETAILS 9. MEDICAID OUTREACH PLAN | | | TOTAL 10 POINTS |
|---|--|--|--------------------|
| FULL POINTS | PARTIAL POINTS | NO POINTS | |
| <input type="checkbox"/> Provides a <u>clear</u> proposal for how Medicaid outreach activities will occur during the planning process. (5 Points) <input type="checkbox"/> Proposed activities are <u>likely</u> to be implemented successfully during the planning period. (5 Points) | <input type="checkbox"/> Provides a <u>limited</u> proposal for how Medicaid outreach activities will occur during the planning process. (1 to 3 Points) <input type="checkbox"/> Proposed activities are <u>somewhat likely</u> to be implemented successfully during the planning period. (1 to 3 Points) | <input type="checkbox"/> Provides <u>little or no</u> proposal for how Medicaid outreach activities will occur during the planning process. (0 Points) <input type="checkbox"/> Proposed activities are <u>not likely</u> to be implemented successfully during the planning period. (0 Points) | _____ / 10 |
| COMMENTS: | | | _____ / 10 |

| Part C- GRANT PROGRAM DETAILS 10. MICHIGAN STATE BOARD OF EDUCATION GRANT STRATEGIC GOAL AND STRATEGIC INITIATIVES | | | TOTAL 10 POINTS |
|---|---|---|----------------------------------|
| FULL POINTS | PARTIAL POINTS | NO POINTS | |
| <input type="checkbox"/> Provides a <u>clear</u> explanation on how <i>one or more</i> of the Michigan State Board of Education's five strategic initiatives is addressed through the CAHC Planning Process. (10 Points) _____ Ensuring Excellent Educators _____ Elevating Educational Leadership _____ Embracing the Information Age _____ Ensuring Childhood Literacy _____ Integrating Communities and Schools | <input type="checkbox"/> Provides a <u>limited</u> explanation on how <i>one or more</i> of the Michigan State Board of Education's five strategic initiatives is addressed through the CAHC Planning Process. (3 to 7 Points) _____ Ensuring Excellent Educators _____ Elevating Educational Leadership _____ Embracing the Information Age _____ Ensuring Childhood Literacy _____ Integrating Communities and Schools | <input type="checkbox"/> Provides <u>no</u> explanation on how <i>one or more</i> of the Michigan State Board of Education's five strategic initiatives is addressed through the CAHC Planning Process. (0 Points) _____ Ensuring Excellent Educators _____ Elevating Educational Leadership _____ Embracing the Information Age _____ Ensuring Childhood Literacy _____ Integrating Communities and Schools | _____ / 10 |
| COMMENTS: | | | _____ / 10 |

| Part C- GRANT PROGRAM DETAILS 11. LETTERS OF COMMITMENT AND 12. LETTERS OF NEED <i>NOTE: ONE LETTER MAY FULFILL BOTH REQUIREMENTS FOR DOCUMENTATION OF COMMITMENT AND NEED</i> | | | TOTAL 18 POINTS COMBINED |
|---|--|---|---|
| FULL POINTS | PARTIAL POINTS | NO POINTS | |
| <input type="checkbox"/> 11. Provides a <u>minimum of five letters of commitment</u> to participate in the planning process. (5 Points) <input type="checkbox"/> Letters demonstrate <u>strong</u> evidence of <u>support for and involvement in</u> the planning process including <u>how the agency will contribute</u> to the planning effort. (5 Points) NOTE: Letters are required from local health department and from a superintendent or building principal. | <p style="text-align: center;">N/A</p> <input type="checkbox"/> Letters provide <u>limited</u> evidence of support for and involvement in the planning process and/or <u>limits on how the agency will contribute</u> to the planning effort. (1 to 4 Points) NOTE: Letters are required from the local health department and from a superintendent or building principal. | <input type="checkbox"/> 11. Provides <u>less than 5 letters of commitment</u> to participate in the planning process. (0 Points) <input type="checkbox"/> Letters provide <u>no</u> evidence of support or involvement in the planning process or how the agency will contribute to the planning effort. (0 Points) NOTE: Letters are required from the local health department and from a superintendent or building principal. | _____ / 10 |
| <input type="checkbox"/> Provides a <u>minimum of three current letters of need</u> for services. (3 Points) <input type="checkbox"/> Letters <u>clearly</u> document the lack of services (5 Points). NOTE: One letter is required from the local multi-purpose collaborative body and two letters <u>must</u> be obtained from among the following local agencies: Family Independence Agency, Community Mental Health, Federally Qualified Health Center, office of substance abuse services, local health department, Mayor's office, board of commissioners, school board, school superintendent. | <p style="text-align: center;">N/A</p> <input type="checkbox"/> Letters provide <u>limited</u> documentation on the lack of services (1 to 2 Points). NOTE: One letter is required from the local multi-purpose collaborative body and two letters <u>must</u> be obtained from among the following local agencies: Family Independence Agency, Community Mental Health, Federally Qualified Health Center, office of substance abuse services, local health department, Mayor's office, board of commissioners, school board, school superintendent. | <input type="checkbox"/> Provides <u>less than three current letters of need</u> for services. (0 Points) <input type="checkbox"/> Letters do <u>not</u> document the lack of services (0 Points). NOTE: One letter is required from the local multi-purpose collaborative body and two letters <u>must</u> be obtained from the following local agencies: Family Independence Agency, Community Mental Health, Federally Qualified Health Center, office of substance abuse services, local health department, Mayor's office, board of commissioners, school board, school superintendent. | _____ / 8 |
| COMMENTS: | | | _____ / 18 |

Applicant Name: _____

Reviewer: _____

Totals from All Sections:

| | Total Points Possible | Total Points Awarded |
|---|------------------------------|-----------------------------|
| Section 3: Preliminary Assessment of Needs/Assets | 60 | |
| Section 4: Capacity and Readiness of Sponsoring Agency and Community | 40 | |
| Section 5: Staffing Plan | 10 | |
| Section 6: Strength of the Community Advisory Council | 20 | |
| Section 7: Barriers and Assets of the Community | 20 | |
| Section 8: Work Plan | 40 | |
| Section 9: Medicaid Outreach Plan | 10 | |
| Section 10: Michigan Board of Education Grant Strategic Goal and Strategic Initiatives | 10 | |
| Sections 11 and 12 Combined: Letters of Commitment and Letters of Need | 18 | |
| Section 13: Financial Plan | 20 | |
| Sub-Total | 248 | |
| Bonus Points: | | |
| Add 3 points if the applicant is proposing services in one of Michigan's Cool Cities (+3) | 10 | |
| Add 7 points if the applicant is proposing services in an AYP School (school-based) or an AYP School District (school-linked) (+7) | | |
| Total Score for the Application (including bonus points) | 258 | |